

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH

COVER SHEET PG 1

2003 APR -3 PM 4:58

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE MR. HENRY J. NICKNAME LAST SUFFIX ROSALLES			OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	4 CANDIDATE / OFFICEHOLDER ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 37010 SAN ANTONIO, TX. 78237 <input type="checkbox"/> Change of Address				
5 CAMPAIGN TREASURER NAME	TITLE MS. LINDA G. NICKNAME LAST SUFFIX RIVAS				
	6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2926 KERRI ELIZABETH SAN ANTONIO TEXAS 78237				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 434-4024				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 17 / 03 3 / 25 / 03				
10 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 03		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) City Council Dist. 5		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

HENRY ROSALES

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 308.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1708.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

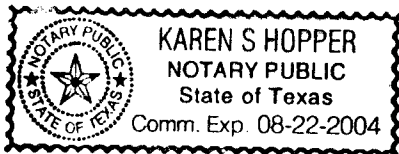
\$ 8117.30

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 15712.00
6712.00

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Henry Rosales, this the 3rd day of April, 20 03, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Karen S. Hopper
Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME HENRY ROSALES		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3-17-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DIEGO VACCA	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code P.O. Box 28122 S.A. TX. 78237		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 3-17-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRIAN PENA	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 530 SONNET DR. S.A. TX, 78216		
Principal occupation (Optional)		Employer (Optional)	
Date 3-17-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BARBARA BILNOSKI	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5322 MONTICELLO AVE. DALLAS TEXAS 78206		
Principal occupation (Optional)		Employer (Optional)	
Date 3-17-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BAHAR BABATURK	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 12241 BARE BUSH PATH COLUMBIA MD. 21044		
Principal occupation (Optional)		Employer (Optional)	
Date 3-17-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD PEREZ	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4212 MEDICAL DR. #810 SAN ANTONIO, TX. 78229		
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SP-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR -3 PM 4:55

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

HENRY ROSALES

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-17-03

5 Full name of contributor

☐ out-of-state PAC (ID#:

GABRIELLE THOMAS

6 Contributor address; City; State; Zip Code

*3215 PRESTON HALL DR.
SAN ANTONIO, TX. 78247*

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-17-03

Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT GONZALEZ

Contributor address; City; State; Zip Code

*107 QUENTIN ROOSEVELT BLVD.
SAN ANTONIO, TX. 78237*

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3-17-03

Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT GONZALEZ

Contributor address; City; State; Zip Code

*107 QUENTIN ROOSEVELT BLVD.
SAN ANTONIO, TX. 78237*

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3-17-03

Full name of contributor

☐ out-of-state PAC (ID#:

MARGARITA FRESQUEZ

Contributor address; City; State; Zip Code

*7603 URBAN HILL
SAN ANTONIO, TX. 78250*

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3-17-03

Full name of contributor

☐ out-of-state PAC (ID#:

Rev. REGINALD WILLIAMS

Contributor address; City; State; Zip Code

*2015 MADISON AVE.
N.Y., N.Y. 10035*

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

2003 APR -3 PM 4:56

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

HENRY ROSALES

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ N/A

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#: _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE E

2003 APR -3 PM 4:56

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

HENRY ROSALES

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

2-15-03

7 Name of lender

☐ out-of-state PAC (ID#:

SAN ANTONIO CREDIT UNION

9 Loan Amount (\$)

5,000.00

6 Is lender a financial institution?

(Y)

N

8 Lender address; City; State; Zip Code

P.O. Box 1356

SAN ANTONIO, TX. 78295-1356

10 Interest rate

0.0

11 Maturity date

2-15-07

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

☒ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

2-13-03

Name of lender

☐ out-of-state PAC (ID#:

LINDA RIVAS

Loan Amount (\$)

1,362.00

Is lender a financial institution?

Y

(N)

Lender address; City; State; Zip Code

2926 KERRI ELIZABETH

SAN ANTONIO, TX. 78237

Interest rate

0.0

Maturity date

2-13-04

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR -3 PM 4:56

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

HENRY ROSALES

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

1-16-03

7 Name of lender

HENRY ROSALES

☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

350.00

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

2926 KERRI ELIZABETH
SAN ANTONIO, TX. 78237

10 Interest rate

0.0

11 Maturity date

N/A
~~1-16-04~~

12 Description of Collateral

☒ none

LOAN TO SELF

13 GUARANTOR INFORMATION

☒ not applicable

14 Name of guarantor

N/A

16 Amount Guaranteed (\$)

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

2-15-03

Name of lender

HENRY ROSALES

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

5,000.00

Is lender a financial institution?

Y

(N)

Lender address; City; State; Zip Code

2926 KERRI ELIZABETH
SAN ANTONIO, TX. 78237

Interest rate

0.0

Maturity date

N/A

Description of Collateral

☐ none

LOAN TO SELF

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

N/A

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

2003 APR -3 PM 4:56

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

HENRY ROSALES

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

LAURA SOSA

7 Amount
(\$)

3-17-03

6 Payee address; City; State; Zip Code

218 Lively ST.
SAN ANTONIO, TX. 78213

1,000.00

8 Purpose of payment (See instructions regarding type of information required.)

OFFICE MGR.
(2 WKS.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

HEATHER RAMON-AYAIA

Amount
(\$)

3-17-03

Payee address; City; State; Zip Code

3939 PORTSMOUTH
SAN ANTONIO, TX. 78223

500.00

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

OVERSTREET STUDIOS

Amount
(\$)

2-1-03

Payee address; City; State; Zip Code

8126 BROADWAY
SAN ANTONIO, TX. 78209

226.54

Purpose of payment (See instructions regarding type of information required.)

Photo For Campaign
ADVERTISMENTS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

FANTASTIC SHOT

Amount
(\$)

1-24-03

Payee address; City; State; Zip Code

7900 I.H. 35 NORTH PO3
SAN ANTONIO, TX. 78218

16.97

Purpose of payment (See instructions regarding type of information required.)

BLACK & WHITE
PHOTOS FOR Campaign

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F***HENRY ROSALES*

2003 APR -3 PM 4:56

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

3-1-03

6 Payee address; City; State; Zip Code

ARIZONA CAFE
1111 S. Gen. McMullen
*SAN ANTONIO, TX. 78237**165.00*

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN KICK OFF
EVENT Food/Beverages

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

3-1-03

Payee address; City; State; Zip Code

Goyo Zepeda
2311 W. TRAVIS
*SAN ANTONIO, TX. 78207**300.00*

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN CONSULTANT
FOR SENIOR CITIZENS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

1-17-03

Payee address; City; State; Zip Code

Josephine Ramon
3939 PORTSMOUTH
*SAN ANTONIO, TX. 78223**452.55*

Purpose of payment (See instructions regarding type of information required.)

Reimbursement
CAMPAIGN T-SHIRTS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

3-4-03

Payee address; City; State; Zip Code

Allied Advertising
3700 BLANCO RD.
*SAN ANTONIO, TX. 78212**1,311.24*

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 APR -3 PM 4:56

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

HENRY ROSALES

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

GLORIA FELAN

7 Amount (\$)

3-4-03

6 Payee address; City; State; Zip Code

7511 SHADEWOOD
SAN ANTONIO, TX. 78238

100.00

8 Purpose of payment (See instructions regarding type of information required.)

RECEPTIONIST AT
CAMPAIGN OFFICE

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

WELLO-WELLA CORPORATION

Amount (\$)

2-8-03

Payee address; City; State; Zip Code

3418 W. COMMERCE ST. Suite 200
SAN ANTONIO, TX. 78207

325.00

Purpose of payment (See instructions regarding type of information required.)

RENT FOR 1 MONTH
CAMPAIGN OFFICE

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

RICHARD HERRERA

Amount (\$)

3-1-03

Payee address; City; State; Zip Code

150 WEST KNOLL ST.
SAN ANTONIO, TX. 78227

60.00

Purpose of payment (See instructions regarding type of information required.)

P.A. SYSTEM & MUSIC
FOR CAMPAIGN KICK-OFF

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

JOSEPHINE RAMON

Amount (\$)

1-7-03

Payee address; City; State; Zip Code

3939 PORTSMOUTH
SAN ANTONIO, TX. 78223

452.55

Purpose of payment (See instructions regarding type of information required.)

RE-IMBURSEMENT
FOR CAMPAIGN T-SHIRTS

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 APR 3 PM 4:56

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

HENRY ROSALES

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

Josephine RAMON

7 Amount (\$)

2-24-03

6 Payee address; City; State; Zip Code

3530 ROLAND AVE.
SAN ANTONIO, TX. 78210

734.13

8 Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT FOR PURCHASE
OF CAMPAIGN PUSH-CARDS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Josephine RAMON

Amount (\$)

2-24-03

Payee address; City; State; Zip Code

3530 ROLAND AVE.
SAN ANTONIO, TX. 78210

228.64

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT FOR
PURCHASE OF TELEPHONES
& INSTALLATION OF LINES-REFRESHMENTS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

LAURA SOSA

Amount (\$)

2-28-03

Payee address; City; State; Zip Code

218 Lively
SAN ANTONIO, TX. 78213

500.00

Purpose of payment (See instructions regarding type of information required.)

SALARY-OFFICE
MANAGEMENT 1WK.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Josephine RAMON

Amount (\$)

2-28-03

Payee address; City; State; Zip Code

3530 ROLAND AVE.
SAN ANTONIO, TX. 78210

151.94

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT FOR
PURCHASE OF FLYERS & POSTCARDS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

2003 APR -3 PM 4:56

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

HENRY ROSALES

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Allied Advertising

7 Amount (\$)

3-4-03

6 Payee address; City; State; Zip Code

3700 BLANCO RD.
SAN ANTONIO, TX. 78212

1,311.24

8 Purpose of payment (See instructions regarding type of information required.)

4X8 Campaign Signs

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Wello-WellA Corporation

Amount (\$)

3-18-03

Payee address; City; State; Zip Code

3618 W. Commerce # 500
SAN ANTONIO, TX. 78207

325.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Gloria Felan

Amount (\$)

3-4-03

Payee address; City; State; Zip Code

7511 SHADEWOOD
SAN ANTONIO, TX. 78238

100.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

RICHARD HERRERA

Amount (\$)

3-1-03

Payee address; City; State; Zip Code

150 WEST KNOLL ST.
SAN ANTONIO, TX. 78227

60.00

Purpose of payment (See instructions regarding type of information required.)

P.A. System & Music
FOR CAMPAIGN KICK-OFF

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR -3 PM 4:56

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

HENRY ROSALES

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Josephine RAMON

7 Amount (\$)

2-20-03

6 Payee address; City; State; Zip Code

3939 PORTSMOUTH
SAN ANTONIO, TX. 78223

3,000.00

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

HEATHER RAMON-AYALA

Amount (\$)

2-20-03

Payee address; City; State; Zip Code

3939 PORTSMOUTH
SAN ANTONIO, TX. 78223

800.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED